TAXABLE YEAR Substitu	ite for Form W-2, Wage	and lax Statement, or Form 1099	}-R,		-	CALIFO	DRNIA	FORM
	RAs, Insurance Contract	nnuities, Retirement or Profit-Shats	arınç	}		3	525	5
		n to Form 540, 540A, 540 2EZ, the Long o	r Sho	rt Fo	rm 54			
1 Your first name, middle initial, and						ecurity r		
					+			
3 Address (number, street, city, state, and ZIP Code)						РМВ	no.	
Form W-2, Wage and Tax Stateme employer or payer named below.  The amounts shown below are my	nt, or Form 1099-R, Distributions From for best estimates of all wages, tips, other	ed the Internal Revenue Service that I have been unable Pensions, Annuities, Retirement or Profit-Sharing Plans compensation (including noncash payments), and retire	, IRAs,	Insur	ance C	ontracts	s, Etc., f	rom my
and disability insurance withheld by the employer or payer during  5 Employer's or payer's name, address, state, and ZIP Code						PMB	no.	
		·						
6 Federal employer identification number (if known)	7 State income tax withheld (include the name of the state)	8 Wages, tips, other compensation, or payments before deductions for taxes, insurance, etc.	9 \$	State	Disabil	ity Insur	ance wi	ithheld
10 Dependent care benefits	11 Nonqualified plans	12 Gross distributions – Qualified plan distributions (IRA, pension, profit-sharing, etc.)						
13 Taxable amount – Qualified plan (IRA, pension, profit-sharing, etc.		14 Capital gain (Included in Box 13)	15	15 Other				
COMPLETE REVERSE SID	E		F	TB (	3525	(REV. 2	2001)	Side 1
<b>16</b> How did you determine or estima	te the amounts in items 7–15?							
<b>17</b> Give the reason why Form W-2, efforts to obtain the form.	1099-R, or W-2c, Statement of Correct	ed Income and Tax Amounts was not furnished by em	ployer	or pay	yer, if k	nown, a	ınd exp	lain your
Under penalties of perjury, I and complete.	declare that I have examined t	his statement and, to the best of my know	ledge	and	belie	f, it is	true, o	correct,
18 Your signature			19	Date				